

July 2014

Table of Contents

<u>Public Four-year Universities</u>	
Harris-Stowe State University	& 2
Lincoln University	3
Missouri Southern State University	4
Missouri State University	
Missouri State University – West Plains Campus	
Missouri Western State University	7
Northwest Missouri State University	
Southeast Missouri State University	
Truman State University	
University of Central Missouri	11
University of Missouri System	12
University of Missouri – Columbia	13
University of Missouri – Kansas City	14
University of Missouri – St. Louis	
Missouri University of Science & Technology	16
Public Two-year Colleges	
Crowder College	17
East Central College	18
Jefferson College	
Metropolitan Community Colleges	
Blue River Community College	
Business & Technology College	
Longview Community College23 &	
Maple Woods Community College25 &	
Penn Valley Community College	27
Mineral Area College	
Moberly Area Community College	29
North Central Missouri College	
Ozarks Technical Community College31 &	32
St. Charles County Community College	
St. Louis Community College	34
St. Louis Community College at Florissant Valley	
St. Louis Community College at Forest Park	36
St. Louis Community College at Meramec37 &	z 38
St. Louis Community College at Wildwood38 &	38
State Fair Community College	40
Three Rivers Community College	
State Technical College	
State Technical College of Missouri	42

Public Four-Year Universities

Name: Albert Walker
Institution: Harris-Stowe State University
Phone: (314) 340-3321
Contact Person: Constance Gully

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$200,000			\$133,333		
Medical/dental/vision insurance for self	\$6,775		\$491	\$7,354		\$500
Medical/dental/vision insurance for spouse/family						
Long-term disability for self (includes life & ADD)	\$657			\$438		
Deferred compensation						
Retirement benefit	\$34,650			\$23,772		
Other (please specify)						
Annuity contributions made direct to employee	\$15,000		\$15,000	\$2,500		\$2,500
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$257,082	\$0	\$15,491	\$167,397	\$0	\$3,000

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$25,000			\$4,167		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$6,847			\$856		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$4,200			\$2,800		
Other (please specify)						
TOTAL	\$36,047	\$0	\$0	\$7,823	\$0	\$0

Name: Constance Gully (Interim President 8/16/2013-06-30/2014)

Institution: Harris-Stowe State University
Phone: (314)340-3321

Contact Person: Constance Gully (or Brian Huggins Comptroller

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expend	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$0			\$108,970		
Medical/dental/vision insurance for self				\$5,983		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$114,953	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)				\$5,991		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships				\$1,400		
Other (please specify)			-		-	
TOTAL	\$0	\$0	\$0	\$7,391	\$0	\$0

Name: Dr. Kevin Rome
Institution: Lincoln University
Phone: 573 681-5019

Contact Person: Jim Marcantonio HR Director

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$200,000			\$200,000		
Medical/dental/vision insurance for self	\$6,331			\$6,169		
Medical/dental/vision insurance for spouse/family	\$11,079			\$10,805		
Long-term disability for self	\$1,100			\$1,100		
Deferred compensation						
Retirement benefit	\$12,760			\$12,760		
Other (please specify) Annuity				\$21,500		
Additional life insurance	Value					
Annuity	Value					
·						
TOTAL	\$231,270	\$0	\$0	\$252,335	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$22,800			\$22,800		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)	\$9,000			\$9,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$307	\$1,454		\$307	\$1,454	
Other (please specify)						
TOTAL	\$32,107	\$1,454	\$0	\$32,107	\$1,454	\$0

Name: Dr. Alan Marble (Interim President)

Institution: Missouri Southern State University

Phone: 417-625-9805

Contact Person: Debbie Dutch Kelley, Director Human Resources

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$185,400			\$165,000		
Medical/dental/vision insurance for self	\$5,637			\$5,783		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$237			\$237		
Deferred compensation	\$16,480		\$16,480	\$0		
Retirement benefit	\$16,448			\$28,017		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$224,202	\$0	\$16,480	\$199,037	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$40,000	,	9 ,	\$0	,	,
Utilities	\$0			\$0		
Housing allowance (provided for private rent/lease/purchase)	\$0			\$0		
Housekeeper	\$0			\$0		
Custodian, groundskeeper	\$0			\$0		
Insurance for personal property	\$0			\$0		
Entertainment	\$0			\$0		
Automobile	\$0			\$7,080		
Automobile allowance (provided for private lease/purchase)	\$8,400			\$0		
Automobile repair/maintenance/mileage	\$0			\$0		
Professional development	\$0			\$0		
Expense for spouse/family to attend meetings	\$0			\$0		
Club/other memberships	\$0			\$0		
Other (please specify)	\$0			\$0		
TOTAL	\$48,400	\$0	\$0	\$7,080	\$0	\$0

Name: Clif Smart

Institution: Missouri State University
Phone: (417) 836-4232

Contact Person: Tina McManus - Controller

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$275,000			\$300,000		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$3,998			\$4,358		
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Basic Life						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$278,998	\$0	\$0	\$304,358	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$40,000			\$40,000		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$6,458			\$7,262		
Other (please specify)						
TOTAL	\$46,458	\$0	\$0	\$47,262	\$0	\$0

Name: <u>Drew Bennett</u>
Institution: <u>Missouri State University - West Plains</u>

Phone: <u>(417)</u> 836-4232 Contact Person: Tina McManus - Controller

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$153,000			\$156,060				
Medical/dental/vision insurance for self								
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit								
Other (please specify)								
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$153,000	\$0	\$0	\$156,060	\$0	\$0		

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$12,845		\$6,171	\$13,099		\$6,292	
Utilities	\$4,734			\$3,731			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper	\$8,861			\$8,317			
Insurance for personal property							
Entertainment	\$5,408	\$0		\$3,625	\$306		
Automobile Automobile allowance (provided for private lease/purchase)	\$0			\$0			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships		\$2,172			\$2,256		
Other (please specify)							
TOTAL	\$31,848	\$2,172	\$6,171	\$28,772	\$2,562	\$6,292	

Name: Dr. Robert Vartabedian

Institution: Missouri Western State University

Phone: 816-271-4287
Contact Person: Sally Sanders

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$221,450			\$221,450		
Medical/dental/vision insurance for self	\$6,760			\$7,326		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$321			\$303		
Deferred compensation						
Retirement benefit	\$16,712			\$13,641		
Other (please specify)Basic 570, Annuity 23,200	\$23,770			\$23,770		
Additional life insurance	Value					
	\$442,900					
Annuity	Value					
	\$23,200					
TOTAL	\$269,013	\$0	\$0	\$266,490	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$28,000			\$28,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment		\$5,000			\$5,000	
Automobile Automobile allowance (provided for private lease/purchase)	\$12,500			\$12,500		
Automobile repair/maintenance/mileage						
Professional development		\$10,000			\$10,000	
Expense for spouse/family to attend meetings		\$5,000			\$5,000	
Club/other memberships	\$2,917			\$2,917		
Other (please specify)Campus Projects		\$10,000			\$10,000	
TOTAL	\$43,417	\$30,000	\$0	\$43,417	\$30,000	\$0

Name: Dr. John Jasinski

Institution: Northwest Missouri State University

Phone: 660-562-1129

Contact Person: Anne Long

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$238,500			\$244,127		
Medical/dental/vision insurance for self	\$5,804			\$6,443		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$342			\$206		
Deferred compensation						
Retirement benefit	\$36,714			\$44,305		
Other (please specify)						
Additional life insurance	\$245,000					
	(1x annual salary p	provided)				
Annuity	Value					
TOTAL	\$281,360	\$0	\$0	\$295,081	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	1 5	,	\$7,800	. 0	,	\$8,400
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$16,800			\$16,800		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$1,200			\$1,200		
Other (please specify)						
Cell Phone Expense	\$840			now incorporated into base salary		
TOTAL	\$18,840	\$0	\$7,800	\$18,000	\$0	\$8,400

Name: Kenneth W. Dobbins

Institution: Southeast Missouri State University

Phone: (573) 986-6192

Contact Person: Carmen McNeely

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$211,009			\$223,009				
Medical/dental/vision insurance for self	\$5,441			\$5,686				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$168			\$168				
Deferred compensation								
Retirement benefit	\$39,450			\$48,607				
Other (please specify)	\$931			\$931				
(Life insurance, AD&D, Employee Assistance								
Program, Parking, and Cafeteria Plan)								
Additional life insurance	Value							
Annuity	Value							
	\$52,000							
TOTAL	\$256,999	\$0	\$0	\$278,401	\$0	\$0		

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		·					
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$10,000			\$2,250			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile	\$561			\$1,000			
Automobile allowance (provided for private lease/purchase)				\$7,000			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$10,561	\$0	\$0	\$10,250	\$0	\$0	

Name: Troy D. Paino
Institution: Truman State University
Phone: 660-785-4100

Contact Person: Dave Rector

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$215,250			\$219,555		
Medical/dental/vision insurance for self	\$7,162			\$8,919		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$244			\$252		
Deferred compensation						
Retirement benefit	\$32,287		\$17,650	\$32,934		\$18,926
Other (please specify)						
Basic Life	\$292			\$299		
AD&D	\$53			\$55		
FICA/Medicare	\$9,475			\$10,794		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$264,763	\$0	\$17,650	\$272,808	\$0	\$18,926

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing		,	,	,	•	,
Utilities	\$8,339			\$8,590		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper	\$3,086			\$3,148		
Custodian, groundskeeper	\$2,003			\$2,043		
Insurance for personal property	\$468			\$468		
Entertainment		\$3,015			\$4,500	
Automobile Automobile allowance (provided for private lease/purchase)	\$2,220			\$2,550		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships				\$1,420		
Other (please specify)						
TOTAL	\$16,116	\$3,015	\$0	\$18,219	\$4,500	\$0

Name: Dr. Charles M. Ambrose
Institution: University of Central Missouri
Phone: 660-543-4113
Contact Person: Susan Brockhaus

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expend	itures	FY 2014 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$257,550			\$257,550			
Medical/dental/vision insurance for self	\$7,501			\$6,742			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$438			\$438			
Deferred compensation	\$25,000		\$25,000	\$25,000		\$25,000	
Retirement benefit	\$17,084			\$16,264			
Other (please specify)	\$20,000			\$20,000			
Additional life insurance							
Annuity							
TOTAL	\$327,573	\$0	\$25,000	\$325,994	\$0	\$25,000	

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities	\$23,728			\$20,519			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper	\$9,217			\$9,861			
Custodian, groundskeeper	\$20,061			\$23,903			
Insurance for personal property							
Entertainment	\$1,131	\$160		\$1,000	\$150		
Automobile (auto, fuel and wash) Automobile allowance (provided for private lease/purchase)	\$3,449			\$25,119			
Automobile repair/maintenance/mileage	\$845			\$340			
Professional development				\$1,500			
Expense for spouse/family to attend meetings		\$1,210			\$750		
Club/other memberships	\$94			\$94			
Other (please specify)							
TOTAL	\$58,523	\$1,369	\$0	\$82,337	\$900	\$0	

Name: Timothy Wolfe
Institution: University of Missouri System
Phone: 573-882-2029
Contact Person: Allen Johanning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$453,347			\$459,000		
Medical/dental/vision insurance for self	\$4,482			\$3,448		
Medical/dental/vision insurance for spouse/family	\$8,601			\$6,614		
Long-term disability for self	\$465			\$465		
Deferred compensation						
Retirement benefit	\$46,260			\$49,483		
Other (please specify)						
Performance Reward						
Additional life insurance	Value					
A	V.1.					
Annuity	Value					
TOTAL	\$513,155	\$0	\$0	\$519,010	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$16,800					
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private	642.440			¢42.440		
lease/purchase) Automobile repair/maintenance/mileage	\$12,148			\$12,148		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$28,948	\$0	\$0	\$12,148	\$0	\$0

Name: Brady Deaton(FY13)/R. Bowen Loftin(FY14)
Institution: University of Missouri - Columbia
Phone: 573-882-2029
Contact Person: Allen Johanning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$364,970			\$450,000		
Medical/dental/vision insurance for self	\$4,482			\$680		
Medical/dental/vision insurance for spouse/family	\$5,383			\$0		
Long-term disability for self	\$465			\$78		
Deferred compensation						
Retirement benefit	\$34,580			\$12,116		
Other (please specify)						
Performance Award	\$29,800			\$45,000		
Additional life insurance	Value					
Annuity	Value					
Amore	value					
TOTAL	\$439,680	\$0	\$0	\$507,874	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	\$64,770			\$21,590			
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$14,300			\$14,300			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
401(a)	\$49,000			\$49,000			
TOTAL	\$128,070	\$0	\$0	\$84,890	\$0	\$0	

Name: Leo Morton
Institution: University of Missouri - Kansas City
Phone: 573-882-2029
Contact Person: Allen Johanning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,700			\$296,514		
Medical/dental/vision insurance for self	\$4,482			\$3,448		
Medical/dental/vision insurance for spouse/family	\$5,383			\$4,975		
Long-term disability for self	\$465			\$388		
Deferred compensation						
Retirement benefit	\$35,774			\$36,147		
Other (please specify)						
Performance Award	\$29,070			\$29,651		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$365,874	\$0	\$0	\$371,123	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$57,300			\$47,750		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$11,184			\$11,184		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
401(a)				\$62,163		
TOTAL	\$68,484	\$0	\$0	\$121,097	\$0	\$0

Name: Thomas George
Institution: University of Missouri - St. Louis
Phone: 573-882-2029
Contact Person: Allen Johanning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$303,395			\$304,399		
Medical/dental/vision insurance for self	\$4,482			\$3,448		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$465			\$349		
Deferred compensation						
Retirement benefit	\$30,679			\$32,312		
Other (please specify)						
Performance	\$27,396			\$30,440		
Additional life insurance	Value					
Annuity	Value					
						T
TOTAL	\$366,417	\$0	\$0	\$370,948	\$0	\$0

Other Compensation:

	EV 2	04.2 A -+ F	4	1	FV 2014 F-+:+-	1
	FY ZI	013 Actual Expendi I	tures		FY 2014 Estimated	l
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$62,477			\$52,064		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
401(a)	\$42,000			\$42,000		
TOTAL	\$104,477	\$0	\$0	\$94,064	\$0	\$0

Name: Cheryl Schrader

Institution: Missouri University of Science & Technology

Phone: 573-882-2029

Contact Person: Allen Johanning

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,000			\$290,000		
Medical/dental/vision insurance for self	\$4,482			\$3,310		
Medical/dental/vision insurance for spouse/family	\$8,601			\$6,353		
Long-term disability for self	\$465			\$465		
Deferred compensation						
Retirement benefit	\$29,812			\$29,725		
Other (please specify)						
Performance Award				\$29,000		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$333,360	\$0	\$0	\$358,853	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		,		- p	,		
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$11,987			\$11,987			
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$11,987	\$0	\$0	\$11,987	\$0	\$0	

Public Two-Year Colleges

Name:	Dr. Alan Marble (FY13)/Dr. Kent Farnsworth (FY14;Part-time)
Institution:	Crowder College
Phone:	417-455-5534
Contact Person:	Dr. Jim Cummins

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expend	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$150,772			\$76,893		
Medical/dental/vision insurance for self	\$4,680					
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$22,539					
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$177,991	\$0	\$0	\$76,893	\$0	\$0

Other Compensation:

	EV 20	013 Actual Expendi	turos		FY 2014 Estimated	l
	FT Z	JIS ACTUAL EXPENDI	tures		FT ZU14 ESTIMATED	1
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$540			\$540		
Other (please specify)						
TOTAL	\$540	\$0	\$0	\$540	\$0	\$0

Name: Dr. Carl (Jon) Bauer
Institution: East Central College
Phone: 636-584-6711 or 636-584-6712

Contact Person: Karen Rinne, HR Specialist/Wendy Hartmann, Director of HR

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expend	tures	FY 201	4 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$140,000			\$142,800		
Medical/dental/vision insurance for self	\$7,367		\$0	\$7,536		\$0
Medical/dental/vision insurance for spouse/family	\$6,701		\$6,701	\$6,911		\$6,911
Long-term disability for self	\$229		\$0	\$205		\$0
Deferred compensation						
Retirement benefit	\$21,170			\$21,576		
Other (please specify)						
Health Savings Account	\$5,000		\$2,644	\$5,000		\$2,638
Additional life insurance	Value					
	\$100,000			\$100,000		
Annuity	Value					
			_			•
TOTAL	\$180,466	\$0	\$9,345	\$184,028	\$0	\$9,548

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Travel Allowance	\$6,000			\$6,000		
TOTAL	\$6,000	\$0	\$0	\$6,000	\$0	\$0

Name: Dr. Ray Cummiskey, President
Institution: Jefferson College
Phone: (636) 481-3120

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$191,209	\$0	\$0	\$195,033	\$0	\$0
Medical/dental/vision insurance for self	\$4,129	\$0	\$0	\$4,129	\$0	\$0
Medical/dental/vision insurance for spouse/family	\$0	\$0	\$0	\$0	\$0	\$0
Long-term disability for self	\$236	\$0	\$0	\$236	\$0	\$0
Deferred compensation	\$0	\$0	\$0	\$0	\$0	\$0
Retirement benefit	\$28,663	\$0	\$0	\$29,218	\$0	\$0
Other (please specify) Ins Reimbursement	\$2,340	\$0	\$0	\$2,340	\$0	\$0
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$226,577	\$0	\$0	\$230,956	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200	\$0	\$0	\$7,200	\$0	\$0	
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Cell Phone	\$1,200	\$0	\$0	\$1,200	\$0	\$0	
TOTAL	\$8,400	\$0	\$0	\$8,400	\$0	\$0	

Name: Mark James, Chancellor
Institution: Metropolitan Community College
Phone: 816-604-1011
Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$210,700			\$230,729		
Medical/dental/vision insurance for self	\$8,282			\$9,066		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$1,231			\$1,368		
Deferred compensation						
Retirement benefit	\$30,552			\$30,552		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$2,507		\$836	\$2,507		\$836
Additional life insurance						
Annuity						
TOTAL	\$254,272	\$0	\$836	\$275,222	\$0	\$836

Other Compensation:

	FY 20	013 Actual Expendi	tures	FY 2014 Estimated			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper Custodian, groundskeeper							
Insurance for personal property Entertainment	\$349			\$350			
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$2,756			\$2,800			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$3,105	\$0	\$0	\$3,150	\$0	\$0	

Name: Michael Banks, President
Institution: Metropolitan Community College - Blue River
Phone: 816-604-6542
Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$147,000			\$154,530		
Medical/dental/vision insurance for self	\$8,282			\$6,467		
Medical/dental/vision insurance for spouse/family	\$6,469			\$9,584		
Long-term disability for self	\$889			\$889		
Deferred compensation						
Retirement benefit	\$21,315			\$22,407		
Other (please specify)						
403b	\$0					
Life Insurance	\$1,746		\$582	\$1,837		\$609
Additional life insurance						
Annuity						
TOTAL	\$185,701	\$0	\$582	\$195,714	\$0	\$609

Other Compensation:

	FY 20	013 Actual Expendi	tures	FY 2014 Estimated			
	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not reflected in	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not reflected in	
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)	
Housing	-	-		-			
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$1,999			\$2,000			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$1,999	\$0	\$0	\$2,000	\$0	\$0	

Name: Deborah Goodall, President (retired 6/30/13)

Institution: Metropolitan Community College - Business & Technology

Phone: 816-604-5280

Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 2014 E	stimated Expendit	ures - N/A
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$133,331			Retired		
Medical/dental/vision insurance for self	\$5,915					
Medical/dental/vision insurance for spouse/family	\$5,765					
Long-term disability for self	\$821					
Deferred compensation						
Retirement benefit	\$19,333					
Other (please specify)						
Incentive Payout	\$102,665					
Vacation Payout	\$25,641					
Additional life insurance						
Annuity						
TOTAL	\$293,471	\$0	\$0	\$0	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$730						
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$730	\$0	\$0	\$0	\$0	\$0	

Name: Fred L. Grogan, President (Retired 6/30/2013)

Institution: Metropolitan Community College - Longview
Phone: 816-604-2414

Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 2014 E	FY 2014 Estimated Expenditures - N/A			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$166,400			Retired				
Medical/dental/vision insurance for self	\$8,282							
Medical/dental/vision insurance for spouse/family	\$3,398							
Long-term disability for self	\$928							
Deferred compensation								
Retirement benefit	\$24,215							
Other (please specify)								
Incentive Payout	\$141,440							
Vacation Payout	\$29,440							
Additional life insurance								
Annuity								
	4074.400	40	40	40	40	40		
TOTAL	\$374,103	\$0	\$0	\$0	\$0	\$0		

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$2,241						
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$2,241	\$0	\$0	\$0	\$0	\$0	

Name: Kirk Nooks, President (hire date - 7/1/2013)

Institution: Metropolitan Community College - Longview
Phone: 816-604-2414

Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$150,000		
Medical/dental/vision insurance for self				\$6,467		
Medical/dental/vision insurance for spouse/family				\$9,584		
Long-term disability for self				\$889		
Deferred compensation						
Retirement benefit				\$21,750		
Other (please specify)						
403b				\$1,000		
Life Insurance				\$1,782		\$594
Additional life insurance						
Annuity						
TOTAL	\$0	\$0	\$0	\$191,472	\$0	\$594

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	l
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage				\$3,000		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$3,000	\$0	\$0

Name: Merna Saliman, President (retired 1/31/2013)

Institution: Metropolitan Community College - Maple Woods
Phone: 816-604-3046

Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$97,066			Retired		
Medical/dental/vision insurance for self	\$8,282					
Medical/dental/vision insurance for spouse/family	\$3,398					
Long-term disability for self	\$559					
Deferred compensation						
Retirement benefit	\$14,125					
Other (please specify)						
Incentive Payout	\$124,799					
Vacation Payout	\$2,160					
Additional life insurance						
Annuity						
TOTAL	\$250,389	\$0	\$0	\$0	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$1,118						
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$1,118	\$0	\$0	\$0	\$0	\$0	

Name: Utpal Goswami, President

Institution: Metropolitan Community College - Maple Woods (Hire Date 7/1/2013)

Phone: 816-604-3046

Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$155,000		
Medical/dental/vision insurance for self				\$6,467		
Medical/dental/vision insurance for spouse/family				\$9,584		
Long-term disability for self				\$889		
Deferred compensation						
Retirement benefit				\$22,475		
Other (please specify)						
403b]			\$1,000		
Life Insurance				\$1,841		\$613
Additional life insurance						
Annuity						
TOTAL	\$0	\$0	\$0	\$197,256	\$0	\$613

Other Compensation:

	FY 20	013 Actual Expendi	tures	FY 2014 Estimated			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper Insurance for personal property Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage				\$2,700			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$2,700	\$0	\$0	

Name: Joseph Seabrooks, President
Institution: Metropolitan Community College - Penn Valley
Phone: 816-604-4205
Contact Person: Tuesday Stanley 816-604-1253

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$162,754			\$164,382		
Medical/dental/vision insurance for self	\$5,916			\$6,467		
Medical/dental/vision insurance for spouse/family	\$8,837			\$9,584		
Long-term disability for self	\$958			\$958		
Deferred compensation						
Retirement benefit	\$23,599			\$23,835		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$1,936		\$645	\$1,956		\$654
Additional life insurance						
Annuity						
TOTAL	\$205,000	\$0	\$645	\$208,182	\$0	\$654

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$3,282			\$3,000			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$3,282	\$0	\$0	\$3,000	\$0	\$0	

Name: Steve Kurtz
Institution: Mineral Area College
Phone: 573-518-2129

Contact Person: Lisa Clauser

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Exper	nditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$158,150			\$162,104		
Medical/dental/vision insurance for self	\$6,410			\$6,667		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$110			\$110		
Deferred compensation	\$16,000			\$16,000		
Retirement benefit	\$23,861			\$24,472		
Other (please specify) Mid-year Merit	\$101			\$101		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$204,632	\$0	\$0	\$209,454	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	operating rainas	. Garrage in Sy	2 daget/	operating rands	. canaations,	z u ugetj
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$4,850			\$6,350		
Automobile allowance (provided for private lease/purchase)	\$1,212			\$1,270		
Automobile repair/maintenance/mileage	\$773			\$716		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$6,835	\$0	\$0	\$8,336	\$0	\$0

Name: Evelyn E. Jorgenson (FY2013) / Jeffery C. Lashley (FY2014)

Institution: Moberly Area Community College

Phone: 660-263-4110 X11274

Contact Person: Gary D. Steffes

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$180,750			\$164,000		
Medical/dental/vision insurance for self	\$6,730			\$7,336		
Medical/dental/vision insurance for spouse/family	\$5,715			\$4,773		
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$27,179			\$23,533		
Other (please specify)						
Unused vacation	\$13,269		\$3,317			
Retirement benefit-unused sick leave	\$1,381					
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$235,024	\$0	\$3,317	\$199,642	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures	FY 2014 Estimated			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	operating rands	T Guildutions)	budgety	operating rands	Touridationsy	Suugety	
Utilities Housing allowance (provided for private							
rent/lease/purchase) Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Cell Phone	\$1,253			\$534			
TOTAL	\$1,253	\$0	\$0	\$534	\$0	\$0	

Name: Dr. Neil Nuttall
Institution: North Central Missouri College
Phone: 660-359-3948, ext 1500

Contact Person: Tyson Otto, CFO

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expend	tures	FY 201	FY 2014 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$130,315			\$132,922				
Medical/dental/vision insurance for self	\$4,878			\$4,878				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$20,867			\$21,245				
Other (please specify)								
Life Insurance	\$161			\$161				
Additional life insurance	\$50,000							
Annuity	Value							
TOTAL	\$156,221	\$0	\$0	\$159,206	\$0	\$0		

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment		\$1,198			\$1,200			
Automobile Automobile allowance (provided for private lease/purchase)	\$8,000			\$8,000				
Automobile repair/maintenance/mileage	\$11,255			\$10,000				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$420			\$500				
Other (please specify)								
Medical Allowance	\$0			\$500				
Phone Allowance	\$720			\$720				
TOTAL	\$20,395	\$1,198	\$0	\$19,720	\$1,200	\$0		

Name: Dr. Hal Higdon
Institution: Ozarks Technical Community College
Phone: (417) 447-4835
Contact Person: Marla Moody

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$230,004			\$234,600		
Medical/dental/vision insurance for self	\$5,488			\$5,797		
Medical/dental/vision insurance for spouse/family	\$9,765		\$9,765	\$10,261		\$10,261
Long-term disability for self	\$172			\$172		
Deferred compensation						
Retirement benefit	\$35,831			\$36,962		
Other (please specify)						
Group Term Life Insurance	\$120			\$120		
Health and Wellness Center	\$552			\$558		
403b	\$17,250		\$17,250	\$17,250		\$17,250
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$299,182	\$0	\$27,015	\$305,720	\$0	\$27,511

Other Compensation:

	FY 20	013 Actual Expendi	tures	FY 2014 Estimated			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)	\$12,000			\$12,000			
Automobile repair/maintenance/mileage	\$1,491			\$1,476			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$420			\$420			
Other (please specify)							
TOTAL	\$13,911	\$0	\$0	\$13,896	\$0	\$0	

Name: Dr. Jeffrey Jochems
Institution: Ozarks Technical Community College
Phone: (417) 447-4835
Contact Person: Marla Moody

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)13 Actual Expendi	tures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$120,000			\$122,400		
Medical/dental/vision insurance for self	\$5,458			\$5,766		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$172			\$172		
Deferred compensation						
Retirement benefit	\$18,191			\$18,584		
Other (please specify)						
Group Term Life Insurance	\$120			\$120		
Health and Wellness Center	\$552			\$558		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$144,493	\$0	\$0	\$147,600	\$0	\$0

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage Professional development	\$2,717			\$2,801		
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$2,717	\$0	\$0	\$2,801	\$0	\$0

Name: Ronald Chesbrough

Institution: St. Charles Community College
Phone: 636-922-8300

Contact Person: Donna M. Davis

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
	Private Funds			Private Funds		
Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
\$198,900			\$202,878			
\$1,080			\$1,560			
\$199.980	\$0	\$n	\$204.438	\$0	\$0	
	Institutional Operating Funds \$198,900	Institutional Operating Funds (e.g. Institution Foundations) \$198,900 \$1,080	Institutional Operating Funds (e.g. Institution Foundations) \$198,900 \$1,080	Institutional Operating Funds (e.g. Institution Foundations) \$198,900 \$198,900 \$1,080 \$1,080	Institutional Operating Funds (e.g. Institution Foundations) \$198,900 \$198,900 \$1,560	

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated			
			Estimated Value			Estimated Value		
		Private Funds	of Compensation		Private Funds	of Compensation		
	Institutional	(e.g. Institutional	(not reflected in	Institutional	(e.g. Institutional	(not reflected in		
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile	\$6,000			\$7,200				
Automobile allowance (provided for private lease/purchase)								
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
TOTAL	\$6,000	\$0	\$0	\$7,200	\$0	\$0		

Name: Myrtle E. B. Dorsey, Ph.D.

Institution: St. Louis Community College
Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$224,180			\$251,045		\$195,000
Medical/dental/vision insurance for self	\$6,234			\$5,937		\$485
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$288			\$48		
Deferred compensation	\$18,000		\$18,000	\$4,500		\$4,500
Retirement benefit	\$35,020			\$8,687		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
						T
TOTAL	\$283,722	\$0	\$18,000	\$270,217	\$0	\$199,985

Other Compensation:

		FY 2013 Estimated		FY 2014 Estimated			
			Estimated Value			Estimated Value	
		Private Funds	of Compensation		Private Funds	of Compensation	
	Institutional	(e.g. Institutional	(not reflected in	Institutional	(e.g. Institutional	(not reflected in	
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)	
Housing	\$24,000			\$6,000			
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile							
Automobile allowance (provided for private lease/purchase)	\$11,100			\$2,775			
Automobile repair/maintenance/mileage	, , , , , , , , , , , , , , , , , , , ,			, , -			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$35,100	\$0	\$0	\$8,775	\$0	\$0	

Name: Marcia Pfeiffer

Institution: St. Louis Community College at Florissant Valley
Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$164,472			\$164,472		
Medical/dental/vision insurance for self	\$6,281			\$6,036		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$288			\$264		
Deferred compensation						
Retirement benefit	\$24,759			\$24,804		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$195,800	\$0	\$0	\$195,576	\$0	\$0

Other Compensation:

		FY 2013 Estimated			FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Cynthia Hess

Institution: St. Louis Community College at Forest Park
Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$154,226			\$141,374		
Medical/dental/vision insurance for self	\$6,281			\$5,482		
Medical/dental/vision insurance for spouse/family	\$390			\$345		
Long-term disability for self	\$288			\$240		
Deferred compensation						
Retirement benefit	\$23,274			\$21,375		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$184,459	\$0	\$0	\$168,816	\$0	\$0

Other Compensation:

				I			
		FY 2013 Estimated	ı		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)			_				
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: George Wasson
Institution: St. Louis Community College at Meramec
Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$154,226					
Medical/dental/vision insurance for self	\$5,732					
Medical/dental/vision insurance for spouse/family	\$355					
Long-term disability for self	\$264					
Deferred compensation						
Retirement benefit	\$23,194					
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
						T
TOTAL	\$183,771	\$0	\$0	\$0	\$0	\$0

Other Compensation:

		=V.0040 = V		I	5V 2014 F-timt		
		FY 2013 Estimated	T		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
			_				
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: Pamela McIntyre

Institution: St. Louis Community College at (FY13 Wildwood/FY14 Meramec)

Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$164,472			\$164,472		
Medical/dental/vision insurance for self	\$6,281			\$6,589		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$288			\$288		
Deferred compensation						
Retirement benefit	\$24,759			\$24,804		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$195,800	\$0	\$0	\$196,153	\$0	\$0

Other Compensation:

		FY 2013 Estimated			FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		-					
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: Patrick Vaughn
Institution: St. Louis Community College at Wildwood
Phone: 314-539-5208

Contact Person: Ron Portman-Supervisor of Payroll

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 201	3 Estimated Expen	ditures	FY 201	4 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$13,649			\$101,567		
Medical/dental/vision insurance for self	\$1,098			\$6,040		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$48			\$264		
Deferred compensation						
Retirement benefit	\$2,773			\$15,603		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$17,568	\$0	\$0	\$123,474	\$0	\$0

Other Compensation:

		FY 2013 Estimated			FY 2014 Estimated	I
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Dr. Marsha Drennon through June 30, 2013/Dr. Joanna Anderson from July 1, 2013

Institution: State Fair Community College

Phone: (660) 596-7301

Contact Person: Garry Sorrell

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$144,668			\$150,000				
Medical/dental/vision insurance for self	\$6,169			\$5,693				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$21,662			\$23,251				
Other (please specify) (Paid life insurance)	\$223			\$231				
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$172,722	\$0	\$0	\$179,175	\$0	\$0		

Other Compensation:

	FY 20	013 Actual Expendi	tures		FY 2014 Estimated		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		-		\$14,700			
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile	\$4,656						
Automobile allowance (provided for private lease/purchase)				\$4,800			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$4,656	\$0	\$0	\$19,500	\$0	\$0	

Name: Dr. Devin Stephenson

Institution: Three Rivers Community College
Phone: 573-840-9696

Contact Person: Charlotte Eubank, CFO

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20	013 Actual Expend	tures	FY 201	4 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$168,000			\$176,400		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$24,360			\$25,578		
Other (please specify)						
403b	\$7,537			\$7,735		
Additional life insurance	Value					
Annuity	Value					
			ı	ı		
TOTAL	\$199,897	\$0	\$0	\$209,713	\$0	\$0

Other Compensation:

	FY 2	013 Actual Expendi	tures		FY 2014 Estimated	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$21,000			\$22,050		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$1,801			\$1,582		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings	\$320			\$320		
Club/other memberships	\$905			\$917		
Other (please specify)						
Cell Phone	\$1,464			\$1,146		
TOTAL	\$25,490	\$0	\$0	\$26,015	\$0	\$0

State Technical College

Name: Dr. Donald M. Claycomb

Institution: Linn State Technical College
Phone: 573-897-8000

Contact Person: Jeff Fletcher

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$168,468			\$178,468			
Medical/dental/vision insurance for self	\$6,952			\$6,131			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit	\$24,344			\$30,304			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$199,764	\$0	\$0	\$214,903	\$0	\$0	

Other Compensation:

	FY 2013 Actual Expenditures			FY 2014 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		·			•		
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$7,250			\$5,600			
Automobile repair/maintenance/mileage	\$590			\$562			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$7,840	\$0	\$0	\$6,162	\$0	\$0	